



ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

NAME: KMart EPA I.D. NUMBER
I.D. NO.: CTD983896176
FILE LOC: R-1A/P-2
OTHER: _____

INSTALLATION ADDRESS

CTD983896176

KMART CORP
75 FRONTAGE RD
EAST HAVEN, CT 065122187
RICHARD BATICK OPERATIONS MGR

75 FRONTAGE RD
EAST HAVEN, CT 065122187

REQUEST FOR CHANGE

Note: If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CT D983896176

Company Name: KMart Corp

Date of Request: _____

Town: East Haven, CT

SECTION/ITEM TO BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/COMMENTS
I. Name of Installation	KMart Corp	East Haven Assoc.	Tenant moved out
II. Location of Installation	75 Frontage Rd. East Haven, CT		
III. Mailing Address of Installation	75 Frontage Rd. East Haven, CT 06512-2187	230 South Broad St Mezzanine level Phila, Pa 19102	per sc request
IV.a. Installation Contact's Name	Richard Batick	Michael Fedak	
b. Installation Contact's Title	Operations Mgr.	Director of Operations	
c. Installation Contact's Phone	(203) 469-6484	215-790-4765	
V.a. Ownership	KMart Corp	East Haven Associates	
b. Property Owner	National Property Analysts, Inc.	East Haven Associates	
VI. Status Originally notified as: (please circle) CESQG (<100 kg/month) <u>SQG</u> (100 - 1000 kg/month) LQG (>1000 kg/mth) Transporter T/S/D Facility		Change Status to: Non-Handler RECEIVED OCT 12 1999 DEP-WASTE MANAGEMENT BUREAU WASTE ENGINEERING & ENFORCEMENT	

RCRA RECORDS CENTER
FACILITY EAST HAVEN ASSOC.
ID. NO. CTD983896176
FILE LOC. _____
OTHER _____

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
For Official Use Only

JUN 02 1993

CTD983896176

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification
(complete item C)

II. Name of Installation (Include company and specific site name)

K MART CORP

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

75 FRONTAGE RD

Street (continued)

City or Town

EAST HAVEN

State

ZIP Code

CT 06512-2187

County Code

County Name

009 NEW HAVEN

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

75 FRONTAGE RD

City or Town

EAST HAVEN

State

ZIP Code

CT 06512-2187

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

BATICK

(first)

RICHARD

Job Title

OPERATIONS MGR

Phone Number (area code and number)

203-469-6484

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box



City or Town

State

ZIP Code

JUL 21 1993

EPA Waste Management Bureau

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

NATIONAL PROPERTY ANALYSTS INC

Street, P.O. Box, or Route Number

230 SOUTH BROAD ST

City or Town

PHILADELPHIA

State

ZIP Code

PA 19102

Phone Number (area code and number)

215-790-4700

B. Land Type

C. Owner Type

D. Change of Owner
Indicator(Date Changed)
Month Day Year

P

P

Yes

No

X

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
3. Treater, Storer, Disposer (at Installation)
- Note: A permit is required for this activity; see Instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - Indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - Indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. EP Toxic (D000) ☒ (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

D018 D039 D008

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Richard J. Spick

Name and Official Title (type or print)

Operations Manager

Date Signed

5/23/93

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)